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Industry and SWOT Analysis as a Basis for Strategy Formulation and Risk Identification at X Cawang General Hospital

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ABSTRACT

This study examines how industry and SWOT analyses can support strategy formulation and risk identification at RSUD X Cawang. Using a qualitative descriptive case study approach, the research applies PESTEL, Porter's Five Forces, EFAS, IFAS, SFAS, and SWOT analyses. The findings show that the hospital has strong internal capabilities but faces considerable external challenges, particularly regulatory changes, rising operational costs, and increasing competition. The hospital is positioned in Quadrant II, indicating the need for diversification, efficiency, and service innovation strategies. These results provide practical implications for strengthening competitiveness, governance, and long-term organizational sustainability.

ABSTRAK

Penelitian ini mengkaji bagaimana analisis industri dan SWOT dapat mendukung perumusan strategi serta identifikasi risiko di RSUD X Cawang. Penelitian menggunakan pendekatan studi kasus deskriptif kualitatif dengan menerapkan analisis PESTEL, Porter's Five Forces, EFAS, IFAS, SFAS, dan SWOT. Hasil penelitian menunjukkan bahwa rumah sakit memiliki kekuatan internal yang baik, tetapi menghadapi tantangan eksternal yang cukup besar, terutama perubahan regulasi, peningkatan biaya operasional, dan persaingan yang semakin ketat. Posisi rumah sakit berada pada Kuadran II, sehingga memerlukan strategi diversifikasi, efisiensi, dan inovasi layanan. Temuan ini berimplikasi pada penguatan daya saing, tata kelola, dan keberlanjutan organisasi.

Introduction

The dynamics within the service sector are evident in the growth of various industries, including banking, aviation, insurance, and telecommunications. Furthermore, non-profit organizations such as government agencies, universities, and hospitals increasingly recognize the vital importance of customer orientation. A hospital is a unique and complex organization; it is a labor-intensive institution with specific characteristics and functions in patient care. Historically, hospitals functioned as social institutions.

However, the rise of private hospitals has shifted this perception. Today, hospitals are more accurately viewed as a healthcare industry where management practices mirror those of economically oriented business entities (Hammad, 2022). RSUD X Cawang plays a critical role in providing medical services to the community. As healthcare needs become more complex and competition intensifies, the hospital faces challenges in maintaining service quality and operational effectiveness. To remain competitive, both public and private hospitals strive to gain public trust by implementing effective, high-quality healthcare systems that control both quality and costs. Therefore, a comprehensive analysis is essential to formulate appropriate strategies for improving performance and addressing potential risks.

RSUD X Cawang initially established its excellence as a Trauma Center and is currently developing another flagship service: the Integrated Diabetes Service in East Jakarta and its surrounding areas. For 52 years, this institution has served as a teaching hospital for the Faculty of Medicine (FK). Previously known as RS Puskesmas FK X, it has evolved into a Type B Teaching Hospital located in Cawang, East Jakarta. The hospital began with only 32 beds and has since expanded to 200 beds. RSUD X Cawang serves all social strata, offering wards ranging from Class III to VIP and VVIP. However, it is also known as a community hospital for the middle class, as it treats underprivileged and displaced patients in collaboration with the Health and Social Services Departments. The vision of RSUD X Cawang is to become a premier teaching hospital with a competitive advantage in healthcare services, education, and research, focusing on degenerative diseases, trauma, and tropical diseases at an international standard. Its mission includes building doctor character based on compassion, providing high-quality education and research, delivering effective healthcare, and developing independent hospital management with good governance.

This research employs industry and SWOT analyses as the foundation for strategy formulation and risk identification at RSUD X Cawang. The industry analysis provides insights into market conditions and competition within the healthcare sector, including current trends and external factors affecting hospital operations. Meanwhile, the SWOT analysis evaluates the internal strengths and weaknesses of RSUD X Cawang, alongside external opportunities and threats. By combining these two approaches, this study aims to identify effective strategies to strengthen RSUD X Cawang's competitive position, improve service quality, and manage existing risks. This research provides practical recommendations for management to make sustainable strategic decisions and enhance overall hospital performance.

Literatur Review

Literature Review: Service Quality

Service Quality is fundamentally an abstract and elusive construct due to three distinctive features of services: intangibility, heterogeneity, and the inseparability of production and consumption. In a general context, service quality is defined as the customer's overall assessment of the superiority or excellence of a service. This evaluative process suggests that a higher level of performance in service delivery directly correlates with a more positive perception from the passengers or customers regarding the quality of the service provided. Conversely, any decline in performance results in a negative perception of the service quality.

In the context of the healthcare industry, service quality becomes even more critical due to the unique and labor-intensive nature of hospital organizations. As hospitals shift from social institutions toward economically oriented healthcare industries, maintaining high service standards is essential to building public trust and ensuring operational effectiveness. Effective service quality management not only influences customer satisfaction directly but also serves as a prerequisite for building long-term organizational resilience and competitive positioning. Therefore, hospitals must continuously synchronize their service delivery with customer expectations to foster loyalty and mitigate potential risks.

Brand Trust

Brand trust represents a customer's conviction that a specific brand will deliver highly reliable products, encompassing complete functionality, quality assurance, and dependable after-sales service. This trust does not emerge in a vacuum; rather, it is a collection of knowledge and experience gained through past interactions with the brand. When customers feel satisfied with a service based on their previous consumption, they develop confidence in the brand, which ultimately fosters a long-term relationship between the company and the user.

In the healthcare sector, brand trust is inextricably linked to the institution's clinical reputation and its historical track record. For an organization like RSUD X Cawang, which has operated for 52 years as a teaching hospital, trust is built upon the consistency of medical outcomes and the specialized expertise of its healthcare professionals. This historical credibility serves as a foundation for public confidence, especially when introducing flagship services such as the Trauma Center or Integrated Diabetes Services. High levels of brand trust reduce the perceived risk for patients, making them more likely to recommend the hospital to others and remain committed to the institution despite the presence of increasing competition in the industry.

Customer Satisfaction

Customer satisfaction is defined as a feeling of pleasure or disappointment resulting from a comparison between the perceived performance of a product or service and the initial expectations. This response is essentially a pattern consisting of three basic components: it is a cognitive or emotional response, it relates to a particular focus such as a consumption experience, and it occurs at a specific time, usually after the selection or consumption of the service. If the performance exceeds expectations, the customer feels highly satisfied; however, if it falls short, the customer will inevitably feel dissatisfied.

In the highly regulated healthcare industry, customer satisfaction serves as a vital bridge between service delivery and organizational sustainability. Beyond being an emotional reaction, it acts as a prerequisite for building long-term loyalty and positive word-of-mouth, which are essential for hospitals to maintain their competitive positioning. For an institution such as RSU X Cawang, achieving high satisfaction levels involves not only clinical success but also the effective management of service quality across all social strata, from Class III to VIP patients. By consistently meeting or exceeding patient expectations, the hospital can minimize the tendency of patients to switch to competitors and foster a resilient reputation within the community.

Customer Loyalty

Customer loyalty is characterized by a strong commitment to repurchase a product or service consistently in the future. It reflects the strength of the relationship between an individual's relative attitude and their repeat business. Several key factors drive this loyalty, including brand value, customer characteristics, service quality, and the level of trust the customer holds toward the brand. Loyal customers are less price-sensitive and more likely to provide strong word-of-mouth recommendations, which creates valuable business referrals.

In the hospital industry, customer loyalty serves as a strategic asset that ensures long-term sustainability and organizational resilience. For an institution like RSU X Cawang, loyalty is not merely about repeat visits but about building a deep-seated public trust that transcends competitive pressures. When patients become loyal, they act as brand advocates, which is particularly vital for a teaching hospital that relies on a steady influx of patients for both service and medical education purposes. By integrating effective risk management and superior service delivery, the hospital can solidify its competitive positioning, ensuring that it remains the preferred choice for the community even as healthcare dynamics continue to evolve.

Relationships and Hypotheses Development

The integration of these variables suggests that service quality and brand trust act as primary drivers for both satisfaction and loyalty. Research indicates that higher customer satisfaction directly increases the intensity of buying behavior and encourages the creation of loyalty. While service quality can directly influence loyalty, it often works indirectly through customer satisfaction as a mediating variable. Furthermore, trust and commitment are essential keys to building this loyalty, as a higher level of confidence in a product leads to a deeper commitment from the customer to remain faithful to the brand.

The integration of service quality, brand trust, customer satisfaction, and loyalty forms a cohesive framework for understanding consumer behavior in the healthcare sector. The relationships between these variables are grounded in the theory that high-quality delivery and institutional credibility act as the primary catalysts for patient fulfillment and long-term commitment.

- 1) Service Quality and Customer Loyalty (H1): Perceived service quality has a direct and significant impact on building customer loyalty. High performance in healthcare delivery encourages patients to maintain a long-term relationship with the hospital.
- 2) Brand Trust and Customer Loyalty (H2): Trust is considered a key driver of loyalty; however, empirical results in this specific study indicate that brand trust alone may not significantly influence loyalty if not accompanied by direct satisfaction.
- 3) Service Quality and Customer Satisfaction (H3): Service quality is a prerequisite for customer satisfaction. A strong positive correlation exists where superior service performance leads to increased patient contentment.
- 4) Brand Trust and Customer Satisfaction (H4): Brand trust, built from past experiences and reliable interactions, significantly strengthens customer satisfaction.
- 5) Customer Satisfaction and Customer Loyalty (H5): Customer satisfaction serves as a fundamental driver for loyalty. Higher satisfaction levels result in a stronger commitment to remain loyal and reuse the hospital's services.
- 6) The Mediating Role of Satisfaction (H6 & H7): Service quality and brand trust also influence loyalty indirectly through customer satisfaction. This suggests that satisfaction acts as a vital bridge that converts institutional quality and trust into sustainable loyal behavior.

Research Methods

This research is designed as a qualitative descriptive case study, conducted by examining a hospital through internal and external environmental analyses to formulate a strategy for X Cawang General Hospital. The research methodology employs a combined approach of industry analysis and SWOT analysis, executed in two complementary primary stages. The first stage involves conducting a hospital industry analysis to identify external conditions affecting the hospital's performance and development. This analysis utilizes the PESTEL framework (Political, Economic, Social, Technological, Environmental, Legal) to map relevant macro factors. This industry analysis provides in-depth information regarding the opportunities and threats emerging from external environmental dynamics.

Industry analysis represents a combination of industrial economics and strategic studies, which are relevant when applied to the hospital business sector. Competition within this industry is highly intensive, requiring every hospital to compete effectively in both service quality and pricing. Therefore, an appropriate business strategy is essential for the hospital not only to survive but also to achieve a superior competitive advantage over its rivals. The hospital industry itself is categorized as a capital-intensive, labor-intensive, and technology-intensive healthcare service industry with significant business potential driven by population growth, shifting public mindsets toward preventive healthcare, and increasing investment in the health sector. These conditions underscore the importance of hospitals transforming into business entities capable of independent financial management to increase revenue, rather than relying solely on government budget allocations.

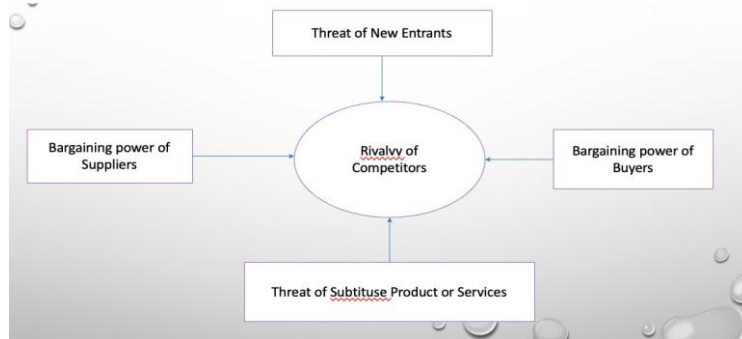


Figure 1. Hospital Industry Analysis Framework

The industry analysis of hospital services utilizes the Five Forces framework as a template. This framework consists of the Threat of New Entrants, the Threat of Substitute Products or Services, the Bargaining Power of Suppliers, the Bargaining Power of Buyers, and the Rivalry among Competitors within the same industry. This framework is illustrated in the following figure.

The second stage involves the application of SWOT analysis to integrate the results of the external analysis with the hospital's internal conditions. The analyzed internal factors include strengths and weaknesses, such as budget constraints, delays in technology adoption, or suboptimal management systems. External factors, comprising opportunities and threats, are adopted directly from the industry analysis results. The subjects of this research consist of internal and external components. Once the internal strategic factors are determined, an IFAS (Internal Factor Analysis Summary) table is developed, while an EFAS (External Factor Analysis Summary) table is created for the external strategic factors. During the preparation of the EFAS and IFAS tables, weighting and rating procedures are also conducted.

Subsequently, the strategic factors identified through the IFAS and EFAS analyses are summarized to determine priorities within the SFAS (Strategic Factor Analysis Summary) table. The results of this summary are then mapped into a SWOT matrix, enabling the formulation of alternative strategies through SO, WO, ST, and WT approaches. This systematic approach directs the hospital to leverage strengths to seize opportunities, improve weaknesses to capture opportunities, utilize strengths to face threats, and minimize weaknesses to avoid risks from external threats. Following the creation of the SFAS table and SWOT matrix, the resulting alternative strategies are further organized into a target table that includes timelines and the activities to be implemented. Each activity is assigned a Person In Charge (PIC) responsible for ensuring consistency and the achievement of all processes within the hospital.

Result and Discussion

Hospital Industry Analysis

The hospital industry involves various external factors that can act as either threats or competitive strengths. Two primary threats are the threat of new entrants and the threat of substitute products or services. Barriers to entry in the healthcare industry are considered high, particularly concerning pharmaceutical companies and insurance providers. The selection of Pharmaceutical Wholesalers (PBF) is heavily influenced by the magnitude of drug discounts offered to doctors and hospitals. This condition makes it difficult for small-scale wholesalers to

5 compete for hospital network access, thereby narrowing opportunities for new players. Meanwhile, the threat of substitute products or services is relatively low. Prices for medicine and healthcare services are determined entirely by the hospital rather than by supply-and-demand market mechanisms. Although lower-priced substitutes may exist in the market, patients tend not to seek substitutions because healthcare needs are urgent, and service choices are largely dictated by medical professionals' decisions.

19 On the other hand, the hospital industry analysis framework also includes two critical forces: the bargaining power of suppliers and the bargaining power of buyers. Suppliers in this case, healthcare and pharmaceutical providers possess significant bargaining power. This is driven by the limited number of service providers relative to high public demand, as well as information asymmetry between patients and healthcare providers. Patients cannot fully assess or compare the quality of drugs or services provided, which further strengthens the suppliers' position. Conversely, the bargaining power of buyers is relatively weak. Patients generally lack adequate medical information, leaving treatment decisions entirely to doctors. The situation becomes even more unfavorable for patients when they require urgent care, which further diminishes their bargaining power.

5 Another factor to consider is the rivalry among competitors within the same industry. The intensity of competition in the hospital industry is relatively weak. This occurs due to low buyer bargaining power, limited product and service substitutes, and high barriers to entry for new competitors. Consequently, although many hospitals are operational, the industrial structure tends to be stable with non-aggressive competition; thus, service differentiation strategies become the key to maintaining a competitive position. The summary of the hospital industry analysis above can be organized based on Porter's Five Forces analysis in the following table:

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No	Factor	Force/Threat	Explanation
1	Threat of New Entrants	Low – Moderate	High barriers to entry due to large capital requirements, strict regulations, and necessary partnerships with insurance and pharmaceutical wholesalers (PBF). Small-scale wholesalers struggle to enter as hospitals prefer suppliers offering high discounts.
2	Threat of Substitutes	Low	Patients rarely seek substitutes because healthcare services are determined by doctors, prices are set by the hospital, and needs are urgent. Despite the availability of cheap generic drugs, substitution remains insignificant.
3	Bargaining Power of Suppliers	High	Suppliers (doctors, pharmaceuticals, healthcare professionals) are powerful due to limited numbers relative to public demand. Information asymmetry further strengthens the suppliers' position.
4	Bargaining Power of Buyers	Low	Patients lack medical information, leaving decisions entirely to doctors. In emergency conditions, the patients' bargaining power becomes even weaker.
5	Rivalry among Competitors	Weak - Moderate	High barriers to entry, low substitution, and low buyer bargaining power make the intensity of competition relatively weak. However, hospitals still compete through service quality, facilities, and pricing.

13 Strategic Conclusions of Porter's Five Forces Analysis for the Hospital Industry based on the table above are :

- 1) Service Differentiation Strategy
Since the intensity of competition among hospitals is relatively weak, the primary strategy is to build differentiation by improving service quality, facility comfort, service digitalization (telemedicine, electronic medical records), and more personalized patient care. This will enhance patient loyalty while creating a positive brand image.
- 2) Supplier Partnership Strategy
As the bargaining power of suppliers is high, hospitals need to establish long-term collaborations with pharmaceutical companies, medical personnel, and health technology providers. Backward integration, such as developing internal pharmacies, independent laboratories, or forming strategic alliances with major pharmaceutical distributors, can strengthen the hospital's position.
- 3) Information Transparency Enhancement Strategy
Information asymmetry results in weak bargaining power for patients. Hospitals can turn this into an opportunity by providing health education, transparent service pricing, and clear treatment packages. Besides increasing patient trust, this strategy reinforces the image of a patient-oriented hospital.

4) Operational Efficiency and Innovation Strategy

Although the threat of substitute products or services is low, hospitals must still reduce operational costs to keep service prices competitive. Innovations such as the use of AI for diagnostics, patient management efficiency, and expedited outpatient services (one-day care) can increase patient satisfaction while minimizing the potential for patients to switch to other facilities.

5) Brand and Reputation Strengthening Strategy

Due to high barriers to entry, established hospitals possess a competitive advantage. Strengthening the brand and reputation through national or international accreditation, quality certifications, and the promotion of flagship services will make the hospital's position increasingly difficult for new entrants to challenge.

EFAS, IFAS, SFAS, and SWOT Analysis

The EFAS, IFAS, and SFAS assessments utilize weighting and rating. Weighting and rating are two essential components in analyzing a company's external factors. Weight is used to indicate the extent to which an external factor influences the company's current strategic position. Its value ranges from 1.0 (very important) to 0.0 (not important); thus, a higher weight signifies a greater impact of that factor on the company's sustainability. Meanwhile, rating is used to assess the extent of management's response to existing external factors. Its value ranges from 5 (very good response) to 1 (very poor response). By multiplying the weight and the rating, a weighted score is obtained, which serves as the basis for determining strategic priorities whether the company needs to improve its performance in facing threats or maximize available opportunities.

From the results of determining the strategic factors in the external environment of RSU X Cawang, the strategic factors for opportunities and threats are as presented in Table II.

Table II. EFAS Analysis

No	External Strategic Factors	Weight	Rating	Weighted Score	Description
Opportunity (O)					
O1	Strategic Location	0.10	2	0.20	Moderate opportunity to be utilized (Intersection of East-South Jakarta, close to toll access and public transportation).
O2	Collaboration with Insurance, BPJS & Corporations	0.10	3	0.30	Strong opportunity to be utilized (Total of 225 collaborations with Corporations, Insurance, and Healthcare Facilities).
O3	Government Policy Support	0.10	2	0.20	Moderate opportunity to be utilized (National Preventive Health & Screening Programs).
O4	New Regulatory Role: KRIS	0.10	3	0.30	Strong opportunity to be utilized (Government program for BPJS referral patients).
O5	Education and Research Collaboration	0.10	3	0.30	Strong opportunity to be utilized (Collaboration between Educational Institutions and the Hospital).
Sub Total		0,50		1,30	
Thread (T)					
T1	Intense Competition between Hospitals	0.05	4	0.20	Significant threat (Modern facilities and competitive pricing).
T2	Public Economic Fluctuations Impacting Hospital Financial Performance	0.05	3	0.15	Major threat (Decreased purchasing power affecting paying patient visits).
T3	Rising Operational Costs	0.15	4	0.20	Significant threat (Increasing costs of medicine, medical equipment, and labor).
T4	Changes in Government Regulations (BPJS)	0.20	2	0.40	Moderate threat (Impact on hospital claim systems and revenue).
T5	Rapid Technological Advancement	0.05	3	0.15	Major threat (Lags in medical technology and digitalization may reduce competitiveness).
Sub Total		0,50		1,10	
Total Value		1		2,40	

(Source: Processed by Researchers, 2024)

Based on the External Factor Analysis Summary (EFAS) with a total score of 2.40, RSU X Cawang's external position falls into the moderate category in managing opportunities and threats. This condition indicates that the external environment presents significant challenges, yet opportunities remain to enhance the hospital's competitiveness.

Regarding opportunities, several high-potential factors exist. These include a strategic location at the intersection of East and West Jakarta near toll access and public transportation. Other factors include extensive partnerships with BPJS, insurance providers, and corporations; regulatory support through the government's Standardized Inpatient Class (KRIS) program; and collaborations in education and research. These elements suggest substantial room for growth to strengthen the hospital's position and reputation.

However, the hospital faces serious external threats. These include intense competition from hospitals with modern facilities and competitive pricing, as well as rising operational costs for medicine, medical staff, and equipment. Economic fluctuations affecting public purchasing power, changes in BPJS regulations impacting claims and revenue, and rapid technological advancements also pose risks if not met with innovation. Therefore, the total score of 2.40 indicates the hospital must develop adaptive and defensive strategies. It should focus on operational efficiency, external partnerships, digital innovation, and service quality to respond optimally to external dynamics.

Following the same method used for the EFAS table, the next step is to create the Internal Factor Analysis Summary (IFAS) table, as shown in Table III.

No	Internal Strategic Factors	Weight	Rating	Weighted Score	Description
Strength (S)					
S1	Competent Medical and Academic Personnel	0.15	3	0.45	Moderate strength (62 Specialists across 24 fields)
S2	Medical Support Facilities and Hemodialysis Services	0.15	3	0.45	Moderate strength (Lab, Radiology, Pharmacy & HD Unit)
S3	"Paripurna" Accreditation & Type B Hospital Status	0.10	3	0.30	Moderate strength (Guaranteed quality and patient safety)
S4	Involvement of Students and Junior Medical Staff	0.05	3	0.15	Moderate strength (Increases capacity under senior supervision)
S5	Teaching Hospital Status with Academic Networks	0.05	3	0.15	Moderate strength (Affiliated with Medical Faculty & health institutions)
Sub Total		0,50		1,50	
Weakness (W)					
W1	Suboptimal Hospital Information System (HIS) Integration	0.10	3	0.30	Internal weakness (Limited data integration between units)
W2	Limited Human Resources in Specific Fields	0.05	2	0.10	Internal weakness (Requires personnel distribution adjustment)
W3	Inconsistent Doctor Practice Hours	0.10	3	0.30	Internal weakness (Impacts service quality & patient satisfaction)
W4	Suboptimal Financial Management	0.15	4	0.60	High-impact weakness (Budget efficiency and systems must be improved)
W5	Incomplete or Outdated Infrastructure and Facilities	0.10	3	0.30	Significant weakness (Requires equipment and facility upgrades)
Sub Total		0,50		1,60	
Total Score		1		3,10	

Based on the Internal Factor Analysis Summary (IFAS) results with a total score of 3.10, it can be concluded that the hospital's internal condition is in a strong position. This indicates that internal capabilities and resources effectively support the achievement of strategic objectives. The score reflects that the hospital's strengths are more dominant than its weaknesses. In terms of strengths, several critical factors serve as primary assets, including competent medical and academic personnel with an adequate number of specialists, comprehensive medical support facilities, and hemodialysis services. Furthermore, the "Paripurna" (Excellent) accreditation and Type B hospital status ensure guaranteed service quality and patient safety. Additionally, the involvement of students and junior medical staff enhances service capacity, while the status as a teaching hospital with academic networks strengthens the synergy between clinical services, education, and research.

However, several internal weaknesses require improvement. These include the suboptimal integration of the Hospital Information System (HIS), limited human resources in specific areas, and inconsistent doctor practice hours. Another significant factor is inefficient financial management, which demands improved effectiveness in the financial and budgeting systems. Furthermore, some infrastructure and facilities are not yet fully modernized, necessitating upgrades to support better service delivery. Overall, the score of 3.10 indicates that the hospital possesses a solid internal foundation with great potential to develop a growth strategy, provided these weaknesses are addressed in a focused and sustainable manner.

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The Strategic Factor Analysis Summary (SFAS) table is the subsequent stage of the IFAS and EFAS analysis, aimed at consolidating all internal and external strategic factors into a more concise and focused set of top priorities. By reviewing the weights and scores of each factor, the hospital can identify the elements most influential to strategic success. In developing the SFAS table for RSUD X Cawang, the most significant strengths, weaknesses, opportunities, and threats are selected based on their contribution to achieving strategic goals. These factors are then assigned weights and ratings to calculate weighted scores similar to the IFAS and EFAS tables but with the added dimension of strategic duration, categorized as short-term, medium-term, or long-term.

Consequently, the SFAS table serves as a strategic synthesis tool that assists hospital management in setting action priorities, optimizing internal resources, and aligning strategies with external environmental dynamics to enhance competitiveness and service quality sustainably. The SFAS details are presented in Table IV.

Table IV. SFAS Analysis

Strategic Factors	Weight	Rating	Weighted Score	Duration (S/M/L)			Description
				Short	Med	Long	
(Selected key opportunities/threats from EFAS and key strengths/weaknesses from IFAS)							
S1 Competent Medical and Academic Personnel	0,125	3	0,375	0	0	√	Moderate strength (62 Specialists across 24 fields)
S2 Medical Support Facilities and HD Services	0,120	2	0,240	0	0	√	Moderate strength (Lab, Radiology, Pharmacy & HD Unit)
W1 Suboptimal HIS Integration	0,130	1	0,130	0	√	√	High-impact weakness (Limited data integration between units)
W4 Suboptimal Financial Management	0,150	1	0,150	√	√	√	High-impact weakness (Budget efficiency and systems must be improved)
O2 Partnerships with Insurance, BPJS & Corporations	0,100	2	0,200	0	0	√	Strong potential (225 total partnerships with Corps, Insurance, & Health Facilities)
O4 Impact of New Regulation: KRIS	0,120	2	0,240	√	√	0	Strong potential (Government program for BPJS referral patients)
T3 Rising Operational Costs	0,130	1	0,130	√	0	√	Significant threat (Rising costs of medicine, medical tools, and labor)
T4 Changes in Government Regulations (BPJS)	0,125	1	0,125	√	√	0	Moderate threat (Impacts hospital claims and revenue systems)
Total Score	1		1,59				

(Source: Processed by Researchers, 2024)

Rating Description for Table IV:

4 = Excellent (Strategic)

3 = Good (Supportive)

2 = Fair (Needs Improvement)

1 = Poor (Inhibiting)

Based on the Strategic Factor Analysis Summary (SFAS) results with a total score of 1.59, it can be concluded that the hospital's strategic position is in the low category, meaning the organization still faces various significant challenges from both internal and external factors. This value indicates that the influence of weaknesses and external threats remains more dominant than the strengths and opportunities possessed by the hospital. In terms of strengths, the primary assets remain the competent medical and academic personnel with an adequate number of specialists, as well as sufficiently comprehensive medical support facilities and hemodialysis services. These strengths reflect the hospital's ability to provide high-quality care and maintain patient trust. However, major weaknesses such as the suboptimal integration of the Hospital Information System (HIS) and inefficient financial management remain primary obstacles that must be addressed immediately.

From the external factors, the hospital has extensive collaboration opportunities with BPJS, insurance providers, and corporations, as well as support from new government regulations (KRIS) that can be utilized to increase the number of referral patients. Nonetheless, the hospital also faces serious threats in the form of rising operational costs and changes in BPJS regulations, which may affect financial stability and service competitiveness. Thus, these SFAS results indicate that the hospital needs to formulate a turnaround or defensive-adaptive strategy, with a primary focus on improving financial efficiency, strengthening management information

systems, and optimizing external collaborations. These efforts are essential to strengthen the hospital's strategic position so it can adapt to environmental changes and enhance performance in the medium to long term.

Based on the analysis results, an IFAS value of 3.10 was obtained, indicating that the hospital's internal strength is categorized as strong. Meanwhile, the EFAS value of 2.40 is slightly below the average (2.5), suggesting that external opportunities have not been fully optimized and the external environment continues to present various challenges. In the mapping of the two-axis SWOT diagram, the hospital's position can be explained as follows :

- 1) The X-axis (horizontal) represents internal strategic factors (IFAS), where a value above 2.5 indicates a strong condition, and below 2.5 indicates a weak condition.
- 2) The Y-axis (vertical) represents external strategic factors (EFAS), where a value above 2.5 reflects high opportunity, while a value below 2.5 indicates a high external threat.
- 3) Based on these results, the hospital's position is at $X = +3.10$ (strong) and $Y = +2.40$ (relatively high threat).

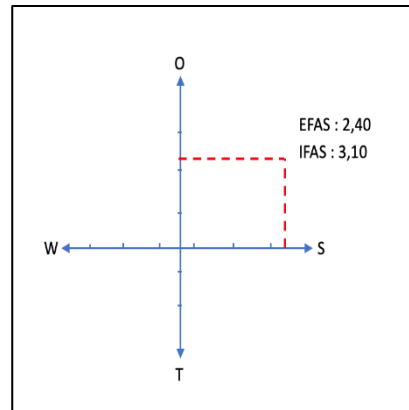


Figure 2. SWOT Matrix

Thus, the hospital's strategic position is in Quadrant II (ST Strategy Diversification). This means that the hospital possesses solid internal strengths but needs to anticipate external threats through the implementation of diversification strategies, operational efficiency, and the strengthening of flagship services. The appropriate strategy is to leverage internal strengths such as the competence of medical personnel, supporting facilities, and service quality to address external threats through efficiency measures, innovation, and policy adaptation. Some strategies that can be implemented include :

- 1) Enhancing operational efficiency and service innovation through process digitalization and the development of cost-effective service models, such as telemedicine or integrated outpatient services.
- 2) Strengthening human resource competencies to be more adaptive to changes in BPJS policies and KRIS regulations.
- 3) Optimizing flagship facilities, such as hemodialysis, diagnostics, and specialist services, to strengthen competitiveness.
- 4) Improving compliance and information systems to be more responsive to changes in government regulations and policies.

Overall, the hospital's strategic position in Quadrant II (ST) confirms that the organization has a solid internal foundation, yet it still needs to focus on diversification, efficiency, and the strengthening of flagship services to maintain competitiveness and operational stability amidst dynamic external environmental challenges.

Based on the results of the EFAS, IFAS, and SFAS analysis, the next step is to incorporate all these factors into the SWOT Matrix. This matrix serves to combine internal factors (Strengths and Weaknesses) with external factors (Opportunities and Threats) to formulate appropriate strategies for the hospital's development. Through the SWOT matrix, four main strategic alternatives are obtained: SO, ST, WO, and WT strategies.

The SO Strategy (Aggressive) focuses on leveraging internal strengths, such as human resource competence and medical support facilities, to expand partnerships with BPJS, insurance providers, and corporations, while improving service quality. The ST Strategy (Diversification) is directed at using these internal advantages to address external threats through cost efficiency, service innovation, and regulatory adaptation. Meanwhile, the WO Strategy (Turnaround/Internal Fix) emphasizes correcting system and management weaknesses by seizing collaboration opportunities and new regulatory support. Finally, the WT Strategy (Defensive) is aimed at minimizing existing weaknesses by implementing cost efficiency, system digitalization, and strengthening governance to ensure the hospital remains stable in facing external dynamics and pressures.

Thus, the results of the SWOT analysis provide a comprehensive and balanced direction for the hospital's development, ensuring that every implemented strategy supports increased competitiveness and organizational sustainability amidst a constantly changing environment. The strategic analysis using the SWOT/TOWS Matrix based on EFAS, IFAS, and SFAS can be found in Table V.

Table V. SWOT Analysis

SWOT Analysis		
	External Environment	
	Opportunity (O)	Threat (T)
	O2 Partnerships with Insurance, BPJS & Corporations	T3 Rising Operational Costs
	O4 Impact of New Regulation: KRIS	T4 Changes in Government Regulations (BPJS)
Internal Environment	SO Strategies (Aggressive): Use strengths to seize opportunities	ST Strategies (Diversification): Use strengths to overcome threats
Strength (S)		
S1 Competent Medical and Academic Personnel	Optimizing medical and academic personnel through partnerships with BPJS, insurance, and corporations to increase patient referrals and flagship services.	Enhancing medical personnel competencies through training to adapt to BPJS policy changes and operational efficiency.
S2 Medical Support Facilities and HD Services	Optimizing modern medical facilities to support KRIS and improve the quality of BPJS services.	Developing innovative medical services that are efficient and cost-effective.
Weakness (W)	WO Strategies (Turnaround): Minimize weaknesses by taking advantage of opportunities	WT Strategies (Defensive): Minimize weaknesses and avoid threats
W1 Suboptimal HIS Integration	Integrating the Hospital Information System (HIS) to support digital collaboration with BPJS, insurance, and corporations.	Developing an integrated HIS to improve administrative efficiency and BPJS claims processing.
W4 Suboptimal Financial Management	Optimizing financial performance through external partnerships and support from KRIS regulations.	Implementing cost efficiency and budget oversight to maintain financial stability against changes in BPJS policies.

Furthermore, the strategies generated from the SWOT analysis are organized into a table as Supporting Activities for Short, Medium, and Long-Term Alternative Strategies. The most common way to describe organizational plans is based on their breadth, timeframe, specificity, and frequency of use. Previously, long-term plans typically covered periods exceeding seven years. However, due to the increasingly dynamic organizational environment and rising uncertainty, it has become difficult for management to plan too far into the future. Consequently, planning timeframes have undergone adjustments.

In the context of hospital strategic planning, long-term plans are defined as those with a timeframe of more than three years, while short-term plans cover a period of one year or less, and medium-term plans span between one to three years. Although these classifications are general, organizations retain the flexibility to determine the timeframe that best suits their specific conditions and planning needs.

The supporting activities for alternative strategies at RSU X Cawang are then grouped into three time categories: short-term, medium-term, and long-term, as shown in Table VI. In this table, the 'Objective' column specifies the timeframe for the implementation of the strategy and its supporting activities. The 'Expected Outcome' column details the achievements expected from these activities, while the 'PIC' (Person in Charge) column identifies the parties responsible for the implementation of each strategic activity.

Table VI. Hospital Strategy Implementation Plan Based on SWOT Analysis

Strategy Category	Timeframe	Strategy / Main Program	Expected Outcome	PIC (Person in Charge)
SO Strategy (Aggressive)	Short-Term (0-1 Year)	Optimizing medical and academic personnel through partnerships with BPJS, insurance providers, and corporations.	Increased number of referral patients and collaborative flagship services.	Director of Medical Services, Medical Services Dept., HR, & Marketing.

	Medium-Term (1–3 Years)	Optimizing modern medical facilities to support KRIS regulations and improving the quality of BPJS services.	Availability of KRIS-based service facilities and increased BPJS patient satisfaction.	Board of Directors, Head of Medical Services, Head of Medical Support, Head of Installations, & Quality Committee.
	Long-Term (3–5 Years)	Developing technology-based flagship services to expand the referral network.	Enhanced competitiveness and hospital reputation.	Board of Directors, Public Relations & Marketing.
ST Strategy (Diversification)	Short-Term	Enhancing medical personnel competencies through training on BPJS policies and operational efficiency.	HR personnel are knowledgeable and adaptive to changes in the BPJS policy and system.	Head of HR & Training (Diklat).
	Medium-Term	Developing innovative medical services that are efficient and cost-effective.	New services based on cost-efficiency and operational digitalization.	Director of Medical Services & Hospital IT.
	Long-Term	Enhancing continuous innovation to address regulatory changes and rising operational costs.	A resilient hospital that is adaptive to external dynamics.	Board of Directors & Marketing.
WO Strategy (Turnaround)	Short-Term	Integrating the Hospital Information System (HIS) to support digital collaboration with BPJS, insurance providers, and corporations.	Hospital information system is connected with external partners.	Head of IT, Head of Service Administration.
	Medium-Term	Optimizing financial performance through external partnerships and support from KRIS regulations.	Improved efficiency and increased non-BPJS revenue.	Finance Director, Finance Department.
	Long-Term	Full digitalization of administrative processes and financial reporting.	Improved accuracy, transparency, and speed of reporting.	Head of Finance, Head of IT.
WT Strategy (Defensive)	Short-Term	Implementing strict efficiency and oversight of operational costs.	Controlled and efficient operational costs.	Finance Director, Internal Audit Unit (SPI).
	Medium-Term	Developing an integrated HIS for administrative efficiency and BPJS claims processing.	Faster claims process with minimal regulatory obstacles.	Head of IT, Service Administration, Casemix Team.
	Long-Term	Strengthening governance systems and financial risk management against policy changes.	Maintained financial and operational stability of the hospital.	Board of Directors, Internal Audit Unit (SPI), Casemix Team.

Risk Identification and Strategy Mitigation of RSU X Cawang based on SWOT Analysis

Risk identification and mitigation aim to ensure that every strategy generated from the SWOT analysis can be implemented effectively and sustainably. With proper mitigation, RSU X Cawang can maintain operational stability, improve service quality, and adapt to regulatory dynamics and the external environment. A more detailed explanation can be found in Table VIII, using the Risk Score interpretation provided in Table VII.

Table VII. Interpretation of Risk Scores

Score Range (Px D)	Risk Category	Tindakan Pengendalian
1-5	Very Low	Routine monitoring and minor mitigation
6-11	Low	Active supervision and SOP updates
12-15	Moderate	Specific mitigation plan and reporting to management
16-25	High	Priority handling and immediate intervention by top management

Strategy	Potential Risk	Risk Impact	Probability (P)	Impact (I)	Risk Score (P x I)	Risk Level	Risk Mitigation	PIC
SO (Aggressive) – Optimizing external collaboration with BPJS, insurance, and corporations	1. Failure to establish new partnerships due to conflicting interests	Decrease in potential referral patients	3	4	12	Warning	Form a specialized negotiation team and evaluate partnership effectiveness (MoU & referral volume) quarterly	Director of Medical Services & PR Marketing
	2. Lack of promotion for flagship services	Failure to reach revenue growth targets	3	3	9	Moderate	Strengthen digital promotion and institutional networking	
ST (Diversification) – Service efficiency and innovation	1. HR resistance to system changes and cost efficiency	Decline in service quality	4	4	16	High	Socialization and adaptation training for changes, combined with performance-based incentives	Finance Director & Head of HR
	2. Delays in adapting to BPJS or KRIS regulations	Non-compliance with government policies	3	4	12	Warning	Establish a BPJS/KRIS regulation monitoring team and perform regular policy updates	
WO (Turnaround) – Development and integration of HIS	1. Limited infrastructure and user competence	Disruptions in administration and BPJS claims processing	3	3	9	Moderate	Routine training and a strategic roadmap for HIS development	Head of IT & Head of Medical Records
	2. Risk of data breaches and information	Potential loss or leakage of patient data	2	5	10	Moderate	Implementation of daily backups and multi-layered security systems	

	n security threats							
WT (Defensive) – Financial efficiency and oversight	1. Excessive cost-cutting that disrupts operations	Decline in service quality	3	4	12	Warning	Routine internal audits and regular updates to financial SOPs	Finance Director & Head of Finance
	2. Non-compliance with new financial policies	Inconsistencies in financial reporting	2	4	8	Moderate	Drafting financial SOPs in accordance with the latest regulations	

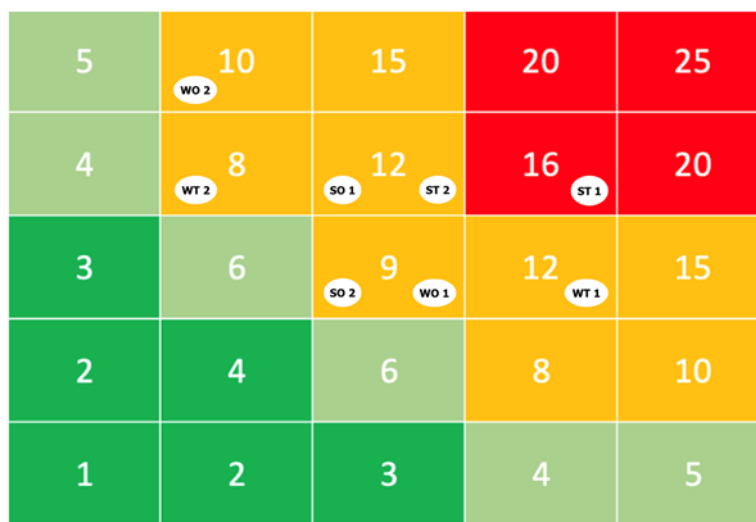


Figure 3. Risk Heatmap Based on SWOT Analysis Results

Based on the results in Table VII and Figure 3, the risk levels for each strategy vary from low to high categories. Strategies ST1 and ST2 fall into the high-risk category with scores of 20 and 16, respectively. These two strategies require priority handling and immediate intervention by top management, as they could significantly impact the hospital's operational sustainability if not controlled promptly.

Meanwhile, strategies SO1 and WT1 are categorized as moderate risk with a score of 12. For these strategies, specific mitigation plans must be developed and routine reporting to management established to ensure potential obstacles are anticipated before escalating into larger risks. Furthermore, strategies SO2, WO1, WO2, and WT2 are classified as low risk, with scores ranging from 8 to 10. The risks associated with these strategies are relatively manageable through active supervision and regular updates to Standard Operating Procedures (SOPs) to maintain implementation effectiveness and prevent risk escalation. Overall, these results indicate that the majority of strategies at RSU X Cawang have risk levels that remain manageable through appropriate oversight and mitigation mechanisms; however, high-risk strategies must remain the primary focus of management in the follow-up action plans.

Conclusion and Suggestion

Conclusion

Based on the results of the industry analysis, SWOT analysis, and risk identification, this study concludes that RSU X Cawang has a relatively strong internal condition, as reflected in the availability of competent medical personnel, supporting medical facilities, teaching hospital status, and institutional accreditation. However, the hospital also faces substantial external challenges, particularly rising operational costs, regulatory changes related to BPJS and KRIS, and increasing competition in the hospital industry. The analysis shows that RSU X Cawang is positioned in Quadrant II, indicating that the hospital should use its internal strengths to respond to external

threats through diversification, efficiency improvement, service innovation, and adaptive policy implementation. Therefore, the objective of this study has been achieved, namely to formulate strategic directions and identify implementation risks that may influence the hospital's sustainability and competitiveness.

Suggestion

Based on these findings, RSU X Cawang is advised to strengthen strategic management through the integration of digital systems, improvement of financial efficiency, and enhancement of human resource adaptability to regulatory and technological changes. The hospital should also optimize its flagship services and expand collaboration with BPJS, insurance companies, corporations, and educational institutions to reinforce its competitive position. In addition, risk management should be implemented more systematically through regular monitoring, clear mitigation planning, and stronger cross-unit coordination so that strategic programs can be carried out effectively and sustainably.

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